



Do not use staples to attach the photo.

*For Office Use Only*

Document deadline: \_\_\_\_\_

Please check the appropriate box: ☐ Professional Planner  
☐ Planner-in-Training

☐ Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** disclose your Social Security number to the Board or Committee. Failure to do so may result in denial/nonrenewal of licensure or certification.

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
- ☐ Alien lawfully admitted for permanent residence in U.S.
- ☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
  - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
  - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

## 7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

**“Ability to practice as a professional planner”** is to be construed to include all of the following:

- The cognitive capacity to exercise the reasonable judgments of a professional planner, and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a professional planner, with or without the use of aids or devices, such as corrective lenses or hearing aids.

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

**“Chemical substance”** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

**“Currently”** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

**“Illegal use of controlled dangerous substance”** means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program\*\*? ☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) ☐ Yes ☐ No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

\*\* If you receive such ongoing treatment or participate in such a monitoring program, the Board or Committee will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If “Yes,” provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Do you currently hold, or have you ever held, a professional or occupational license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If “Yes,” for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. \_\_\_\_\_

	Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

11. Have you ever been disciplined or denied a professional planner’s license or certificate or any other professional license or certificate in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

12. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Have you ever been named as a defendant in any litigation related to the practice of professional planning or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. Are you aware of any investigation pending against a professional license or certificate issued to you by any professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Have you ever been sanctioned by, or is any action pending before, any employer, association, society, or other professional group related to the practice of professional planning or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 11 through 17, is “Yes,” provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

## 18. Education

If high school is your highest level of education, list the name of the school and attach a certified copy of your high school diploma. Please also list any colleges or universities you have attended. Attendance at any institution listed should be validated by an official transcript. Transcripts must be sent directly to the Board by the college or university (an official transcript only).

[illegible]

## 19. References of character and qualifications

Professional planner applicants shall provide the names and addresses of no fewer than five reputable citizens, unrelated to the applicant, three or more of whom shall be licensed professional planners having personal knowledge of the applicant's planning experience. Planner-in-training applicants must provide the names and addresses of three reputable citizens, unrelated to the applicant, at least one of whom shall be a licensed professional planner having personal knowledge of the applicant's planning training or experience. The signatures of references are not required.

[illegible]

**Please note:** Below, in addition to the details of your experience, furnish the name, address and professional planning position of the person to whom you reported in each engagement. Please show the starting and ending date for each engagement by indicating the month and year. A minimum of 35 hours per week is considered full-time employment. Since credit may be given for part-time employment, it is important to accurately indicate the hours worked per week for each engagement. Part-time employment means a minimum of 15 hours of work per week. No credit will be given for less than 15 hours of work per week.

The statutes which establish the standards and parameters for the licensure of the practice of professional planning define such practice as “the administration, advising, consultation or performance of professional work in the development of master plans in accordance with the provisions of chapters 27 and 55 of Title 40 of the Revised Statutes, as amended and supplemented; and other professional planning services related thereto intended primarily to guide government policy for the assurance of the orderly and co-ordinated development of municipal, county, regional and metropolitan land areas, and the State or portions thereof.” [N.J.S.A. 45:14A-2(c).]

[illegible]

20. (continued)

[illegible]

21. (a) Do you hold a certificate from the American Institute of Certified Planners?

☐ Yes      ☐ No

If "Yes," was this certificate obtained by means of a written examination?

☐ Yes      ☐ No

Date of such examination\_\_\_\_\_

(b) If you are a registered professional planner in any other state or jurisdiction

(see question no. 10), were you registered by examination?

☐ Yes      ☐ No

# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

} ss.

I, \_\_\_\_\_, in making this application to the State Board of Professional Planners for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Professional Planners, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:14A-1 et seq., together with the Rules and Regulations of the State Board of Professional Planners, N.J.A.C. 13:41-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

Affix Seal Here

## (FOR OFFICE USE ONLY)

Application received \_\_\_\_\_

\$ \_\_\_\_\_

Examination date \_\_\_\_\_

Date of exam

State score

National score

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Licensed**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Number





**New Jersey Office of the Attorney General**  
Division of Consumer Affairs  
State Board of Professional Planners  
124 Halsey Street, 3rd Floor, P.O. Box 45016  
Newark, New Jersey 07101  
(973) 504-6465



## Statement of Endorsement

Please type or print this statement.

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Name of reference

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Address

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Name of applicant for license

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Address

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This applicant for licensure, whose name and address appear above, has forwarded to you this request for a reference statement, and has referred to you as one having personal knowledge of his/her character and professional experience.

Your prompt return of this statement, properly filled in and signed on the reverse side, will greatly assist the Board when considering the application for licensure. Your response to this request will be treated by the Board as confidential information. Please note that this statement must be received in the Board office by \_\_\_\_\_, if the applicant is to be considered for the next scheduled examination.

The State Board of Professional Planners is statutorily required to obtain evidence of the planning experience and good character of all applicants for licensure as professional planners. Statements by responsible persons with actual knowledge of the experience and qualifications of the applicant will be considered by the Board as meeting this provision of the law.

Practice in the profession of planning involves relationships with the public that necessitate a high degree of honor, integrity and professional ability. The State Board of Professional Planners trusts that when completing this statement you fully understand that the purpose of the law requiring a license is to protect the public from the practice of planning by persons whose characters are questionable or are not competent to engage in such practice.

**Please return this statement directly to:**

**State Board of Professional Planners  
124 Halsey Street, 3rd Floor  
P.O. Box 45016  
Newark, NJ 07101**

# Statement of Endorser

(This document should not be filled out in the presence of the applicant.)  
You may be requested to substantiate any statements made herein.

1. How long have you known the applicant? \_\_\_\_\_
2. What is your relationship to the applicant? \_\_\_\_\_
3. How would you describe the moral habits and character of the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Indicate the professional work that you know the applicant has specialized in.  

<input type="checkbox"/> Planning Practice	<input type="checkbox"/> Land surveying	<input type="checkbox"/> Architecture
<input type="checkbox"/> Engineering	<input type="checkbox"/> Planning education	<input type="checkbox"/> Other (specify): _____
5. If you have been associated with the applicant in professional practice, please provide the following:
  - a. Name and address of his/her employer at time of your association: \_\_\_\_\_  
\_\_\_\_\_
  - b. Position held by the applicant: \_\_\_\_\_  
\_\_\_\_\_
  - c. Character of work performed by the applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. In what planning projects or activities has the applicant been engaged? \_\_\_\_\_  
\_\_\_\_\_
7. Please provide any remarks or suggestions regarding the professional or technical planning ability of the applicant.  
\_\_\_\_\_  
\_\_\_\_\_
8. In view of your knowledge of the applicant, do you recommend favorable consideration of the applicant for licensure? ☐ Yes ☐ No  
  
If "No," please explain: \_\_\_\_\_  
\_\_\_\_\_
9. Your business or profession: \_\_\_\_\_  
Your address: \_\_\_\_\_
10. If you are a licensed professional planner, please provide your license number: \_\_\_\_\_  
State of: \_\_\_\_\_

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Endorser's name (please print)

\_\_\_\_\_  
Endorser's signature

\_\_\_\_\_  
Date